



**HOUSEHOLD INFORMATION:** List all persons who reside in the home on a permanent, full time basis.

List the applicant first then list all other family members. Please list names as they appear on each person’s Social Security card.

Legal Name	Address	Relationship to Applicant	Date of Birth	Social Security Number <sup>2</sup>	Full Time Student <sup>3</sup>	Gender	Tribal Roll # <sup>4</sup>
					Y / N	M / F	
					Y / N	M / F	
					Y / N	M / F	
					Y / N	M / F	
					Y / N	M / F	

<sup>2</sup> Social Security number verification must be provided for all household members over the age of two (i.e., copy of Social Security card).

<sup>3</sup> Verification of school enrollment must be provided for all students over the age 18.

<sup>4</sup> Tribal enrollment verification must be provided for all Tribal members.

Does any household member have a disability?  Yes  No (***Your answer to this question is provided strictly on a voluntary basis, is being collected to comply with civil rights record keeping requirements and does not affect your eligibility.***)

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND REASONABLE MODIFICATION:** GRTHA understands and recognizes the need to facilitate reasonable accommodations and reasonable modifications to eligible and qualified individuals with disabilities, such as a change in GRTHA’s policies, practices or services, which are necessary for an individual with a disability to benefit from or participate in GRTHA’s rental assistance or housing services programs. For more information including instructions on filing for a Reasonable Accommodation or Reasonable Modification, please review GRTHA’s Reasonable Accommodation and Reasonable Modification Policy available at [www.grtha.org](http://www.grtha.org), GRTHA’s office or by contacting GRTHA at 503-879-2401, 800-422-0232 (ext. 2401) or TDD 503-879-1647.

If any household member requires a reasonable accommodation or reasonable modification in conjunction with this application, please describe requested accommodation/modification here. Please note additional information may be required prior to authorization for accommodation/modification.

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**INCOME:** Please list income from all sources for each member of the household, including (but not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), veterans' assistance, grants, alimony, and child support. All household members must provide verification of each source income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.

If a household member has no source of income, please list that household member and enter "None" for Source and "\$0" for Amount. If no verification can be provided that a household member has no income, he/she will be required to complete a separate certification.

Household Member	Income Source (i.e., employment, SSI, TANF)	Amount	Frequency (i.e., monthly/ weekly)	Verification Attached <sup>5</sup> (i.e., Check Stub/W-2)
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

<sup>5</sup> Examples of Income Verification: W-2's, tax returns, employee check stubs (*must include employer name, address and contact information*), SSI statement, Tribal per capita distribution statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

Does anyone outside of your household provide regular financial support or pay any of the household bills?

Yes  No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**ASSETS:** List all assets belonging to each household member, including (but not limited to) savings accounts, checking accounts, safe deposit boxes, homes, revocable trusts available to a household member, rental property or other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market accounts, individual retirement and Keogh accounts, retirement and pension funds, life insurance policies available to a household member before death, personal property held as an investment (such as gems, jewelry, coin collections, antique cars, etc.), lump sum or one-time receipts (such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments), mortgages or deeds of trust held by a household member.

Household Member	Type of Asset	Location of Asset (bank, etc.)	Current Value of Asset <sup>6</sup>	Income/Interest Rate of Asset

<sup>6</sup> If any household member owns an asset (such as real property) which has an unpaid balance on a loan secured by that asset, verification of the unpaid balance must be provided.

Has any household member sold or disposed of any asset(s) in the last two years?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

**GENERAL INFORMATION:**

Has any household member ever received any type of local, state or federal housing assistance or grant?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

Has any household member ever received any type of housing assistance or grant from GRTHA?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

Is any household member on the waitlist, or have a pending application, for any other GRTHA program?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

Has, or will, any household member apply for a grant in conjunction with this application?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

Does any household member currently owe money to either the Confederated Tribes of Grand Ronde or GRTHA?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

Does any household member currently owe money to any federally assisted housing program?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

Has any household member ever been denied assistance or required to repay money for knowingly misrepresenting information to a federally assisted housing program?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

Has any household member ever used any name(s) or Social Security number(s) other than the one listed on your Social Security Card?

Yes  No If yes, which household member? Please explain. \_\_\_\_\_

Are any household members related by blood or marriage to any of the following Tribal officials or employees: members of Tribal Council, members or GRTHA Board of Commissioners or any GRTHA employee?

Yes  No If yes, please list household member(s), relationship to and name of related official/employee.

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**APPLICANT'S INTENDED USE OF GRANT FUNDS:** Please write a brief description of your intended use of grant funds, who will benefit from these changes/improvements and justification for them. The use of grant funds may be changed from what is listed below; however use of funds must comply with policy standards and be approved by GRTHA.

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**RESIDENCE INFORMATION:**

Is the residence which would benefit from the grant funds your primary residence?  Yes  No

Is the residence zoned residential?  Yes  No

Do you own, rent or lease the residence<sup>7</sup>?  Own  Rent  Lease

<sup>7</sup> If you are not the owner of the residence, a copy of the lease and written consent from the owner must be provided.

Are you current on all mortgage/rental payments associated with the residence?

Yes  No If not, please explain. \_\_\_\_\_

Type of Home:  Wood-frame  Manufactured  Mobile  Other: \_\_\_\_\_

**PAYBACK PERIOD/USEFUL LIFE.** The NAHASDA statute requires GRTHA to establish an “affordability period” for each housing unit that receives HUD funds. This period is known as a useful life. If you receive HUD funds, you may be required to repay a portion of the funds if you sell your home within a certain timeframe after receiving the HUD funds. For more information, please review Section D of the General Provision within the Tribal Housing Grant Programs Policies & Procedures.

**APPLICANT DECLARATION:**

I certify all information provided on this form and supplied as supporting documentation is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for the purpose of verifying eligibility. I understand that I must report any changes to the information contained herein to GRTHA in accordance with applicable policy. Further, I understand that if I provide false, incomplete or inaccurate information I may be subject to penalty under federal, state or Tribal law; may be denied assistance; and may be required to repay any assistance received.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

***Return completed applications with all supporting/verification documentation and Authorization for Release of Information to:***  
**Grand Ronde Tribal Housing Authority**  
**28450 Tye Road**  
**Grand Ronde, Oregon 97347**  
**Fax: (503) 879-5973**  
**Email: [Adaptation@grandronde.org](mailto:Adaptation@grandronde.org)**

***Assistance is subject to current eligibility requirements and availability of funding.***

**NOTICE:** The receipt of grant funds may be considered taxable income in the year received depending on your financial circumstances.



# Grand Ronde Tribal Housing Authority

28450 Tye Road • Grand Ronde, Oregon 97347 • (503) 879-2401 • Fax (503) 879-5973 • TDD (503) 879-1647 • www.grtha.org

## Medical Adaptation Grant Application - Physician Referral Form

To be completed by Applicant/Patient:

Physician's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

Brief description of the adaptation sought (this should be a summary of the "Applicant's Intended Use of Grant Funds" on page 6 of the grant application):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### To be completed by Physician:

I, \_\_\_\_\_, have reviewed the above description of the adaptation the applicant, my patient, is seeking. I further  confirm  deny that the adaptation is necessary to improve my patient's condition and/or improve his/her comfort or quality of life.

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Notice:** Although a physician referral form is required, requests for reasonable accommodation may be made without verification from a physician if verification is provided by another medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability or if the applicant can directly provide verification.



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## Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to the Grand Ronde Tribal Housing Authority (GRTHA), its duly authorized representative and/or its contracted agent for purposes of verifying my eligibility to receive benefits from GRTHA.

Those that may be asked to release the information include, but are not limited to: the Confederated Tribes of Grand Ronde, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

_____	_____	_____
Applicant	(Printed Name)	Date
_____	_____	_____
Co-Applicant or Adult Household Member	(Printed Name)	Date
_____	_____	_____
Co-Applicant or Adult Household Member	(Printed Name)	Date
_____	_____	_____
Co-Applicant or Adult Household Member	(Printed Name)	Date